

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037447

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9483

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 26 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St Louis

Length of stay in 1b

2 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jewish Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY St Louis

c. CITY OR TOWN

Overland

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

9912 Driver

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
RAYMOND L CORLESS

4. DATE OF DEATH

Month Day Year
Sept 22 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/6/1905

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Warehouseman

10b. KIND OF BUSINESS OR INDUSTRY

Shell Oil Co

11. BIRTHPLACE (City and state or country)

Monark Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lee Corless

13b. MOTHER'S MAIDEN NAME

Ada B Eatherton

14. NAME OF HUSBAND OR WIFE

LaVerne Briscoe Corless

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

Yes

WW #2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

LaVerne Corless Overland Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

General cachexia of starvation
Adenocarcinoma of colon

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Adenocarcinoma of Sigmoid Colon

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour, s.m., p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5+ years to 9/21

and last saw her alive on 9/21/63

Death occurred at

6:45 A

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

22d. DATE SIGNED

(State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

23e. LOCATION (City, town, or county)

23f. LOCATION (City, town, or county)

23g. LOCATION (City, town, or county)

23h. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ortmann F Home 9222 Lackland Overland Mo

SEP 23 1963

Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

11-1-11

4-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Al C. Ortman

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.